

# HAMMER FIELD SKATE PARK

SKATER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY MEDICAL INFORMATION:

PLEASE READ AND SIGN IN THE PRESENCE OF A RECREATION DEPARTMENT STAFF MEMBER

I am fully aware of the fact that there are special dangers and risks inherent in the activity of skateboarding/in line skating, including the risk of serious physical injury, death or other consequences that may arise or result directly or indirectly from skating. Being fully informed as to these risks and in consideration of being allowed to participate in Town skating activities and or use of the Skate Park and Town facilities, I hereby assume all risk of injury, damage and liability arising from such activities or use and hereby release the Town of Branford, its officers, officials, employees and agents from any liability for any injury, loss or damage which I may occur, including death, and waive any right or recovery that I might have to bring a claim or lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in the activity of skateboarding/inline skating.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I certify that I am the parent or legal guardian of the participant above named; that I have read and understood the foregoing release and waiver; and that, in consideration of the town's allowing the participant to participate in the Town's skateboarding/inline skating activities or on Town owned facilities join in release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of any personal injury or death of the participant as against the Town of Branford, its officers, officials, employees and agents. I further grant my full consent and authorization for the above named participant to engage in the activity described above.

As a parent or legal guardian, I authorize a licensed physician to examine the above named individual and in the event of injury render such emergency care he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon, at my expense. As a parent or legal guardian, I authorize the Branford Recreation Department to send the above-named individual to the hospital or doctor most accessible at my expense.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Please remember to sign in front of a staff member)

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*ALL PARTICIPANTS MUST WEAR A HELMET AT ALL TIMES.**

**\*\*ALL PARTICIPANTS MUST HAVE THEIR ANNUAL PASS WITH THEM AT ALL TIMES. PASSES CAN BE OBTAINED IN THE OFFICE MONDAY THROUGH FRIDAY FROM 9:00 A.M. TO 4:30 P.M. FOR THOSE 18 AND UNDER, A PARENT/GUARDIAN MUST BE PRESENT TO SIGN THE ABOVE FORMS IN ORDER TO RECEIVE A PASS. RESIDENTS ARE FREE. NON-RESIDENT PASSES ARE \$5.00 FOR THE SEASON.**

**\*\*PARK HOURS VARY. PLEASE CALL DAILY FOR UPDATES. THE PARK WILL NOT BE OPEN IF IT IS RAINING.**

**\*\*ANY SWEARING, SMOKING, VIOLENT BEHAVIOR, DESTRUCTION/VANDALISM OF PROPERTY, ETC. WILL RESULT IN IMMEDIATE DISMISSAL FROM THE PARK. THE BRANFORD RECREATION DEPARTMENT STAFF HAS THE AUTHORITY TO DISMISS ANYONE AT ANYTIME. SKATERS WHO ENTER THE PARK WHEN THE PARK IS CLOSED WILL BE PROSECUTED FOR TRESPASSING.**